outcome in young patients with advanced atherosclerosis. I don't know why they had that; I can't specifically answer that.

Dr James Seeger (Gainesville, Fla). If you look at your data and the other reported data, about half of these patients benefit from having an SFV ABF and half of them don't, because only half the Dacron grafts fail at 5 years. So do you have a way of picking out the ones we ought to be doing this more extensive procedure in, or alternatively picking out the ones, the young patients, who will tolerate a standard procedure?

Dr Ali. I would say I don't know the answer to that exactly, but somebody who is less than 50 years old with small aortic size and critical ischemia who is a good operative risk and not morbidly obese, I think those are the patients who benefit from this, because the secondary interventions on these vein grafts are almost nonexistent. There were five patients who had subsequent distal bypasses done, but these patients lived their lives without intervention, and the grafts not getting any stenosis or occlusion. I don't know the exact answer of how those patients. . .I think that is maybe C-reactive protein or something.

Dr Thomas Huber (Gainesville, Fla). Given this high-risk patient population, what is your first choice of operation? Do you do a Dacron bypass or do you go to the SFV bypass first?

Dr Ali. We still do the Dacron bypass in a good-risk patient who is 55 or older or has a good sized aorta that is 20 mm, or more than a 19-mm diameter. Again, this is a highly selected group of patients. We do go to an endovascular approach if that is feasible. If not, then we do offer both the vein graft and the Dacron graft to the patients. Surprisingly, the patients want their own tissue. They insist on the vein graft even though it is associated with high morbidity.

CORRECTIONS

In: "Zenith AAA Endovascular Graft: Intermediate-term results of the US multicenter trial" (Greenberg RK, Chuter TAM, Sternbergh WC III, Fearnot NE, for the Zenith Investigators. J Vasc Surg 2004;39:1209-18).

The competition of interest statement for this article was incomplete. The competition of interest should read as follows:

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In: "Analysis of renal function after aneurysm repair with a device using suprarenal fixation (Zenith AAA Endovascular Graft) in contrast to open surgical repair" (Greenberg RK, Chuter TAM, Lawrence-Brown M, Haulon S, Nolte L, for the Zenith Investigators. J Vasc Surg 2004;39:1219-28).

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